

OCT 06 2003

## PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. UF-10164R

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUPERANTIGEN ENHANCEMENT OF SPECIFIC IMMUNE RESPONSES

the specification of which is attached hereto unless the following box is checked:

( ) was filed on \_\_\_\_\_ as US Application Serial No. or PCT International Application

Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

**Foreign Application(s) and/or Claim of Foreign Priority**

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: ____ NO: ____
			YES: ____ NO: ____

**Provisional Application**

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/194,951	4/1/2000

**U.S. Priority Claim**

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

**POWER OF ATTORNEY:**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. All previous powers of attorney are hereby revoked.

Timothy H. Van Dyke, Reg. No. 43218

<b>Send Correspondence to:</b>	<b>Direct Telephone Calls To:</b>
Timothy H. Van Dyke Van Dyke & Associates, P.A. 7200 Lake Ellenor Drive Orlando, Florida 32809	Timothy H. Van Dyke 407-240-0085

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Howard M. Johnson

Citizenship: USA

Residence: Gainesville, FL

Post Office Address: Department of Microbiology and Cell Science, IFAS, University of Florida, Rm. 1252, Bldg 981, Gainesville, FL 32611

Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. UF-10164R

Full Name of Inventor: Barbara A. Torres

Citizenship: USA

Residence: Gainesville FL

Post Office Address: P.O. Box 110880, College of Veterinary medicine, University of Florida, Gainesville, FL

32610

Barbara Torres  
Inventor's Signature

9-17-03  
Date

Full Name of Inventor: Scott L. Kominsky

Citizenship: USA

Residence: Columbia, MD

Post Office Address: Johns Hopkins University School of Medicine, 1650 Orleans St., BBCRB - Room 416, Baltimore, MD 21231-1000

[Signature]  
Inventor's Signature

9/16/03  
Date

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Full Name of Inventor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date